

JEFFERS & IRELAND

PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

55 WALLS DRIVE

FAIRFIELD, CONNECTICUT 06824

RECEIVED

2005 APR 29 AM 10:07

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

KAREN A. JEFFERS
PAMELA T. IRELAND
STEPHEN M. COWHERD

TINA PASSALARIS
JASON A. MARSH
MICHELLE S. GOGLIA

TELEPHONE (203) 259-7900
TELECOPIER (203) 259-1070
WWW.JEFFIRE.COM

April 27, 2005

VIA FEDERAL EXPRESS

Hon. Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P. O. Box 340308
Hartford, CT 06134-0308

**Re: Letter of Intent to Establish and Operate a Licensed, Single Specialty,
Interventional Pain Management Ambulatory Surgery Center**

Dear Commissioner Vogel:

Enclosed please find an original and five (5) copies of the Letter of Intent of North Haven Pain Medicine Center, LLC to establish and operate a single specialty, interventional pain management ambulatory surgery center.

On behalf of the Applicant, we look forward to working with you and OHCA staff on this matter. Please call should you have any questions.

Respectfully submitted,


Stephen M. Cowherd

SMC:sc
Enclosure
cc: Mark Thimineur, M.D.



RECEIVED

2005 APR 29 AM 10:07

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	
Full legal name	North Haven Pain Medicine Center, LLC	
Doing Business As	North Haven Pain Medicine Center, LLC	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	52 Washington Avenue North Haven, CT 06473	
Applicant type (e.g., profit/non-profit)	For Profit	
Contact person, including title or position	Stephen M. Cowherd, Esq.	Mark Thimineur, M.D.
Contact person's street mailing address	Jeffers & Ireland, P.C. 55 Walls Drive Fairfield, CT 06824	Comprehensive Pain and Headache Centers, LLC 130 Division Street Derby, CT 06418
Contact person's phone #, fax # and e-mail address	Tele: 203 259-7900 Fax: 203 259-1070 Email: SCowherd@jeffire.com	Tele: 203 732-1570 Fax: 203 732-1576 Email: mthimineur@aol.com

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establish and Operate a Licensed, Single Specialty, Interventional Pain Management Ambulatory Surgery Center

b. Type of Proposal, please check all that apply:



Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:



New (F, S, Fnc)



Replacement



Additional (F, S, Fnc)



Expansion (F, S, Fnc)



Relocation



Service Termination



Bed Addition



Bed Reduction



Change in Ownership/Control



Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:



Project expenditure/cost cost greater than \$ 1,000,000



Equipment Acquisition greater than \$ 400,000



New



Replacement



Major Medical



Imaging



Linear Accelerator



Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address): **52 Washington Ave, North Haven, CT 06473**

d. List all the municipalities this project is intended to serve: **The Greater New Haven and Shoreline service area including New Haven, West Haven, East Haven, North Haven, Bridgeport, Shelton, Stratford, Milford, Hamden, Naugatuck, Woodbridge, Orange, Ansonia, Branford, Clinton, Madison, Seymour, and Guilford.**

e. Estimated starting date for the project: **6 months after CON Approval**

- f. Type of project: _____ **11** _____ (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: **\$ 2,025,000**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 1,275,000
Medical Equipment (Purchase)	\$ 600,000
Imaging Equipment (Purchase)	\$
Non-Medical Equipment (Purchase)	\$ 150,000
Sales Tax	Included
Delivery & Installation	Included
Total Capital Expenditure	\$ 2,025,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 2,025,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Fluoroscopy	C-Arm	9800	2	\$150,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Response: Equipment Vendor contracts will be filed with the CON Application.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☒ Lease Financing ☒ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

PROJECT DESCRIPTION

The Applicant, North Haven Pain Medicine Center, LLC ("NHPMC"), is a limited liability company whose Members include Comprehensive Pain and Headache Centers, LLC and Titan Health Corporation. Comprehensive Pain and Headache Centers, LLC, is an established physician practice (the "Practice"), specializing in pain management, with offices in Derby, New Haven, Orange, and Meriden. At present, the Practice employs five physicians. Titan Health Corporation is based in Sacramento, California and specializes in partnering with physicians to develop and operate highly efficient, low cost pain management and spinal diagnostic ambulatory surgery centers. Comprehensive Pain and Headache Centers, LLC will own 65% of the membership interests in NHPMC, while Titan Health Corporation will own the remaining 35%.

NHPMC is submitting this letter of intent to establish and operate a licensed, free standing, single specialty, ambulatory surgery center, dedicated to interventional pain management services, in a facility located at 52 Washington Avenue in North Haven, Connecticut. Approximately 7,000 square feet of space will be leased in this facility, where NHPMC will operate one operating room and one ancillary procedure room. NHPMC will request DPH licensure as an "outpatient surgical facility". The facility will be used exclusively by Practice physicians and their patients.

The single specialty ambulatory surgery center, NHPMC, was organized to provide high quality, advanced, and leading edge interventional pain management services. Surgical procedures to be performed at the ambulatory surgery center will include epidural steroid injections, blood patch, selected nerve blocks, facet joint blocks, percutaneous discectomy, lysis of epidural adhesions, radio frequency lesioning, radio frequency of sacroiliac joint, nucleoplasty, epiduroscopy, intrathecal pump implant, peripheral nerve stimulator implant, and spinal cord stimulator implant. Conscious sedation and general anesthesia will be provided.

The targeted population for this ambulatory surgical center will include the existing and future patients of Comprehensive Pain and Headache Centers, LLC.

NHPMC will enter into an agreement with Titan Management Corporation, an affiliate of Titan Health Corporation, to operate, maintain, and manage the operations of the ambulatory surgery center.

The practice of interventional pain management is recognized as a subspecialty of the field of Anesthesiology by the American Board of Medical Specialties. The field of pain management continues to evolve with significant advances in technology and treatments that are improving the quality of life for individuals suffering with chronic pain. These patients are often elderly or have been diagnosed with cancer, multiple sclerosis, or psychiatric disorders.

The need for a single specialty, interventional pain management ambulatory surgery center is based on the following factors:

- Expected continued growth in demand for pain management services due to advances in the field, increased utilization and awareness of pain management interventions, population growth in the service area, and the aging of the population.

- Limited access to available, efficient, outpatient surgical operating room time for pain management procedures.
- Significant increases in volumes, which have limited the capacity to handle future volume in Comprehensive Pain and Headache Centers, LLC's existing facilities.
- Improved access to services, as measured by travel distances, for Comprehensive Pain and Headache Center, LLC 's patient population that will result from the more centralized location in North Haven.
- Improvements in the quality of care for patients as measured by services performed in a facility dedicated solely to pain management, geared to achieving maximum outcomes, that operates in an efficient and cost effective manner, and can offer leading edge technology and advanced pain management procedures.

NHPMC is the entity that will bill patients and collect the facility fees for services rendered by the single specialty ambulatory surgery center. The physician providers, who will consist of the physician members/employees of Comprehensive Pain and Headache Centers, LLC, will bill for the professional fees. NHPMC expects to become a participating provider with all payors, including Medicare, Medicaid, commercial insurance, managed care, worker's compensation, and self-pay.

There are no existing licensed, free standing, single specialty, interventional pain management ambulatory surgery centers in NHPMC's proposed service area. The closest comparable facility is the Wilton Pain Management Center located in Wilton, Connecticut.

This project is expected to improve access to high quality, state-of-art interventional pain management services for those Connecticut residents suffering from chronic pain.

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: **North Haven Pain Medicine Center, LLC**

Project Title: Establish and Operate a Licensed, Single Specialty, Interventional Pain Management Ambulatory Surgery Center

I, **Mark Thimineur, M.D.,** **Chief Executive Officer**
(Name) (Position – CEO or CFO)

of **North Haven Pain Medicine Center, LLC** being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that **North Haven Pain Medicine Center, LLC**
(Facility Name)
complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.


Signature

4/25/05
Date

Subscribed and sworn to before me on April 25, 2005


Notary Public/Commissioner of Superior Court

My commission expires: My Commission Exp. Aug 31, 2007

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical